

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-022976**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**FILED JUN 13 1963**

Primary Registration District No. **4521**

Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Houston</b>		c. CITY OR TOWN <b>Hartshorn</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Texas Co. Mem. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Hartshorn</b>	
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>Arthur</b> Last <b>Stewart</b>		4. DATE OF DEATH Month <b>June</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/25/81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dent. Co. Mo.</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Savannah Hughes</b>	
14. NAME OF HUSBAND OR WIFE <b>Don Stewart Hartshorn, Mo.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Don Stewart Hartshorn, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> DUE TO (b) <b>Multiple Cerebral Thrombosis</b> DUE TO (c) <b>Atherosclerotic Vascular Heart Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1950</b> to <b>1963</b> and last saw him alive on <b>June 7, 1963</b> Death occurred at <b>10:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. Laure Hampton D.O.</b>		22b. ADDRESS <b>Summersville</b>	
22c. DATE SIGNED <b>6/10/63</b>		22d. LOCATION (City, town, or county) (State) <b>Hartshorn, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/10/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cem.</b>		23d. LOCATION (City, town, or county) <b>Hartshorn, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Duncan Funeral Home Mtn. View, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-63</b>	
26. REGISTRAR'S SIGNATURE <b>Myrtie Craig</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

To Doctor: 1: P.M. 6/10/63

Rec'd from Dr. 8: A.M. 6/11/63

To Local Registrar 8: 15 : A.M. 6/11/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles D. Portner*

Licensed Embalmer No.

5107

P. O. Address

MTN View, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.